

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/787603

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		3				
8		3				
9		1				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17	1					
18		1				
19	1					
20		1				
21		2				
22		0				
23	1					
24		1				
25		2				
26						
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46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.		8				
TOTAL CLAIMS	4	8				

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						